

# Property Claim Form (Home, Sports, All Risk and Commercial Property)



Use of this form is not to be taken as an admission of liability.

Please complete this form and sign. Please provide further information on a separate sheet if necessary. Failure to disclose all material information and/or misrepresentation could result in your insurance being declared void by the insurer and a claim being rejected. When complete, please click "SUBMIT" to send this form via email, or fax it to 295-8647, or return it by hand to BF&M's Headquarters in the Insurance Building on Pitts Bay Road, Pembroke.

FOR BF&M OFFICIAL USE

POLICY TYPE		CLAIM TYPE				CLAIMS NUMBER
COMMERCIAL	RESIDENTIAL	HOME	SPORTS	ALL RISK	COMMERCIAL PROPERTY	

## POLICY HOLDER DETAILS

NAME OF INSURED			DATE OF BIRTH		
			DAY	MONTH	YEAR

HOME ADDRESS

BUSINESS ADDRESS

PHONE (HOME)	PHONE (WORK)	PHONE (CELL)
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EMAIL ADDRESS	MORTGAGE BANK
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	HSBC	BNTB	CLARIEN	OTHER	_____
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WHAT WAS THE NATURE OF THE INCIDENT

STATE THE LAST DATE OF OCCUPATION OF THE PREMISES	TIME	DATE
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	A.M.	P.M.	DAY	MONTH	YEAR
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AT WHAT ADDRESS DID IT TAKE PLACE?

WHAT WERE THE PREMISES BEING USED FOR AT THE DATE OF THE INCIDENT?

DESCRIBE WHAT HAPPENED, THE RESULTING DAMAGE AND STATE WHAT YOU BELIEVE CAUSED IT

IF A THEFT, PLEASE STATE HOW AND WHERE ENTRY WAS GAINED

IS THE CLAIMANT THE SOLE OWNER OF THE PROPERTY DAMAGED OR DESTROYED? IF NOT, STATE FULL DETAILS OF ANY OTHER INTEREST AND TENANT ETC.

YES NO IF NO STATE FULL DETAILS:

GIVE THE NAME(S) AND ENCLOSE THE STATEMENT(S) OF ANYONE WHO WITNESSED THE LOSS

**WHAT MEASURES WERE TAKEN TO MITIGATE THE LOSS?**

**HAVE THE FIRE SERVICE AND/OR POLICE BEEN INFORMED? IF YES PLEASE ENCLOSE THE INCIDENT NUMBER**

FIRE SERVICE YES NO INCIDENT NUMBER: POLICE YES NO INCIDENT NUMBER:

**HAS INJURY OR DAMAGE BEEN CAUSED TO A THIRD PARTY? IF YES GIVE DETAILS**

YES NO IF YES GIVE DETAILS:

**AT THE TIME OF THE INCIDENT WERE THERE ANY OTHER INSURANCE POLICIES ON THE PROPERTY WITH ANY OTHER COMPANY OR INSURER, WHETHER EFFECTED BY THE CLAIMANT OR ANY OTHER PERSON? IF YES GIVE FULL DETAILS**

YES NO IF YES GIVE FULL DETAILS:

**CONTACT DETAILS OF THIRD PARTY CLAIMANT**

**LIST OF PROPERTY DESTROYED OR DAMAGED** *Be prepared to support all amounts claimed with proof of ownership, receipts and photographs.*

	DETAILED DESCRIPTION OF PROPERTY CLAIMED FOR	AMOUNT INSURED	MARKET VALUE AT TIME OF LOSS	MARKET VALUE AFTER THE LOSS	AMOUNT CLAIMED
1					
2					
3					
4					
5					
6					
7					

**DECLARATION**

I/We do hereby solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of \$BD \_\_\_\_\_ and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of loss or damage not including profit of any kind.

I/We do hereby solemnly and sincerely declare that I/we have not either directly or indirectly caused the said loss, or by fraud sought to benefit thereby, and I/we make the foregoing solemn declarations believing the same to be true.

NAME	SIGNATURE	DATE		
		DAY	MONTH	YEAR

*Please review all details carefully before submitting.  
Click SUBMIT to send via email to [submitclaim@bfm.bm](mailto:submitclaim@bfm.bm).*